PLACE OF BIRTH ARIZ	ZONA STATE BOARD OF HEALTH
District of Wester BUREAU OF VIT. Town of ORIGINAL CERTIF	· · · · · · · · · · · · · · · · · · ·
City of	
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth.	of birth 12 23 25
8. FATHER Full name Victor Provid	14. MOTHER Full maiden name Belle Clearland
9. Residence (Usual place of abode) If non-resident, give place and state. Acre	15 Residence (Usual place of abode) If non-resident, give place and state.
10. Color or race 4/4 Inchesia 11. Age at last birthday 25 (Years)	18 Color or race U/Y Lada 17. Age at last birthday 22 (Years)
12. Birthplace (city or place) Shew Raylos. (State or country)	18. Birthplace (city or place) faules Res, (State or country)
13. Occupation Courses Laborer Nature of Industry	19. Occupation Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living (b) Born alive but now described and including this child.)	d o
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was because of stillborn at m. on the date above stated (Born alive or stillborn)	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Signature (Physician or midwife). Address. Acce. Parks. Res.	
Given name added from a supplemental report. Month, day, year Filed.	agu 13 19 8 Saver Registrar.
Registrar County Registrar.	

N. Walter